TOWNSEND and TOWNSEND and CREW LLP
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San Francisco, California 94111-3834
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In re application of: Grey et al.

Application No.: 08/349,177

Filed: December 2, 1994

Group Art Unit: 1644

For: **HLA-A2.1 BINDING PEPTIDES AND THEIR USES**

THE ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Amendment AF/GP1644S

Attorney Docket No. _____ 018623-005840US

Date: _____ August 11, 1999

I hereby certify that this is being deposited with the United States Postal Service as first class mail in an envelope addressed to: RECEIVED

Assistant Commissioner for Patents
Washington, D.C. 20231   AUG 19 1999.

Signed: _Jennifer K. Hadwin_

OIPE AUG 16 1999 PATENT & TRADEMARK OFFICE

Sir:

Transmitted herewith is an amendment in the above-identified application.

[X] Enclosed is a petition to extend time to respond.
[X] Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
[X] Petition for Withdrawal of Finality
[X] Petition to Extend Time
[X] Supplemental Information Disclosure Statement

[ ]

If any extension of time is needed, then this response should be considered a petition therefor.
The filing fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA		SMALL ENTITY			OTHER THAN SMALL ENTITY	
	(Col. 1)		(Col. 2)	(Col. 3)		RATE	ADDIT. FEE		RATE	ADDIT. FEE
TOTAL	*71	MINUS	**39	= 32		x $9.00 =	$288	OR	x $18.00 =	
INDEP.	*4	MINUS	***4	= 0		x $39.00 =	$		x $78.00 =	
[ ] FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						+ $130.00 =			+ $260.00 =	
						TOTAL ADDIT. FEE	$288.00	OR	TOTAL	

*   If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
**   If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, then write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

[ ]   No fee is due.

Please charge Deposit Account No. 20-1430 as follows:

[X] Claims fee
[X] Any additional fees associated with this paper or during the pendency of this application.

$_____ $288.00 _____

__2__ extra copies of this sheet are enclosed.

08/18/1999 MBLANCO 00000032 201430 08349177
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